Date: 04/01/11

Case 09-32867 Doc 15 Filed 04/06/11 Entered 04/06/11 14:45:17 Desc Main

Page:

DIVIDE ROS WEARTTED PASSIFIE & JURT

Check Number 2005 Dated 04/01/11

Case Number 09-32867 - LEE, MANELA

Creditor	Claim No.	Amount Allowed	Amount Paid
HealthEast Care System PO Box 1450 Minneapolis MN 55485 0171	000002	405.00	1.97
St Paul Radiology 166 4th Street E St Paul MN 55101 s-3895	000003	3.58	0.02
Remittance Total		408.58	1.99

ACONE, Trustee